

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
APPLICANT'S STATEMENT/AUTHORIZATION**

**OMB No. 3067-0009**  
*Expires February 28, 2003*

**PRIVACY ACT STATEMENT**

**Authority:** The authority to collect information regarding your application for disaster assistance is derived from the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206 and Executive Order 12148, as amended. The authority to collect your social security number is derived from the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d) and 7701(c)(1).

**Primary Purposes:** The information is needed to determine your eligibility for disaster assistance, to refer you to the proper sources of assistance, and to encourage hazard mitigation measures to reduce losses from disasters.

**Routine Uses:** The information may be given to federal and state agencies providing disaster assistance, as well as to organizations and agencies from which you are seeking assistance. It may also be shared with insurers or lenders of your damaged property, with other disaster assistance providers to ensure benefits are not duplicated, and with State and local government agencies to promote hazard mitigation measures to reduce repetitive loss from disasters. It may also be disclosed to a national, state, or local law enforcement agency where there may be a violation or potential violation of the law, or to another agency or court when the Government is party to a suit. We may also disclose such information to a federal, state or local agency when we request information relevant to an Agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a Federal agency requests such information for a similar purpose from us. Information may also be disclosed to OMB in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.

**Mandatory or Voluntary Disclosure:** Giving this information to us is required to determine your eligibility for assistance. Failure to provide this information will result in delay or rejection of your request for disaster assistance.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

FEMA has estimated the public reporting burden for the application form (FEMA Form 90-69) taken by phone or in person to average 21 minutes per response. The estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the interview. The estimated average time for reviewing and signing this Statement (FEMA Form 90-69B) is 2 minutes per response. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Paperwork Reduction Project (3067-0009), Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. NOTE: Do not send your completed form to this address. By law you do not have to respond unless the OMB control number is current.

**NON-DISCRIMINATION STATEMENT**

Federal Civil Rights law requires that disaster assistance be distributed in an impartial and equitable manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, disability, or economic status.

If you believe that you or others have been discriminated against in receiving disaster assistance, you may contact FEMA's Office of Equal Rights, by calling FEMA's Helpline or Applicant Services at 1-800-525-0321.

If the matter is not resolved, you have the option of filing a complaint with FEMA. The complaint must be written, signed, and sent to the Federal Emergency Management Agency, Office of Equal Rights, 500 C Street, SW, Room 407, Washington DC 20472, within 180 days of the date of the alleged discrimination.

You should be aware that any governmental entity or organization receiving or providing Federal funds are prohibited from retaliating against a person or persons because of opposition to an unlawful policy, practice, charges, testimony, or participation in any complaint action under a Civil Rights law. If you believe that you have been retaliated against, you should immediately contact FEMA's Office of Equal Rights.

**APPLICANT'S STATEMENT AND RELEASE**

**By my signature I certify that:**

- This is the only application for my family.
- All information I have given is true and correct to the best of my knowledge.
- I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss.

**I understand that,** if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws, which carry severe criminal and civil penalties.

**I authorize FEMA to verify** all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

**I authorize and direct** all custodians of records of my insurance, employer, any public or private agency, bank, financial or credit data service to release information to FEMA and/or the State upon request.

<b>Inspector ID #:</b>	<b>FEMA Registration # (ID#):</b>	<b>Disaster # (DR#):</b>	
<b>Name of Applicant (Print):</b>	<b>Signature of Applicant:</b>	<b>Date Signed:</b>	
<b>Address of Damaged Property:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>